

Mr. Jason Bridges
Meridian Automotive Systems, Inc.
501 Northridge Drive
Shelbyville, Indiana 46176

Re: AAT-145-12680-00017
First Administrative Amendment to
Part 70 145-5966-00017

Dear Mr. Bridges:

Cambridge Industries, Inc. was issued a Part 70 Operating Permit on November 17, 1998 for a stationary fiberglass molding and painting operation. A letter was received September 5, 2000 requesting an operating name change and change of ownership. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Cambridge Industries, Inc. located at 501 Northridge Drive, Shelbyville, Indiana 46176 ownership has been changed to Meridian Automotive Systems, Inc., at the same location. They will operate under the name of Meridian Automotive Systems, Inc.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief
Permits Branch
Office of Air Management

Attachments

PD/gkf

cc: File - Shelby County
Shelby County Health Department
Air Compliance Section - DJ Knotts
Compliance Data Section - Karen Nowak
Donna Dickinson - Reopen 145-13481

PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

**Meridian Automotive Systems, Inc.
501 Northridge Drive
Shelbyville, Indiana 46176**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T145-5966-00017	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management	Issuance Date: November 17, 1998

First Administrative Amendment: 145-12680-00017	Pages Affected: 42, 43, 45,46, 47 and 48
Issued by: Paul Dubenetzky, Branch Chief Office of Air Management	Issuance Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

PART 70 OPERATING PERMIT
EMERGENCY/DEVIATION OCCURRENCE REPORT

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017

This form consists of 2 pagesPage 1 of 2

Check either No. 1 or No.2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)
C The Permittee must notify the Office of Air Management (OAM), within four **(4)** business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
C The Permittee must submit notice in writing or by facsimile within two **(2)** days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16
- 9** 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c)
C The Permittee must submit notice in writing within ten **(10)** calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency/Deviation:

Describe the cause of the Emergency/Deviation:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel

Days burning alternate fuel
From To

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

Part 70 Monthly Report

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017
Facility: Bake oven and flash tunnel (BO-1) and two (2) spray booths (SB-M and SB-A)
Parameter: VOC
Limit: 222 tons VOC input per year, rolled on a daily basis

Month: _____ Year: _____

Day	Daily Coating Usage (gallons)	Max lbs VOC per gallons solids	VOC input today (ton/day)	VOC input for the last 365 - day period (ton/365 days)
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**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

Part 70 Quarterly Report

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017
Facility: Nineteen plastic forming presses
Parameter: VOC
Limit: 2113 tons per month of sheet molding compound

YEAR: _____

Month	Usage (tons/month)

- 9 No deviation occurred in this quarter.
- 9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY COMPLIANCE MONITORING REPORT**

Source Name: Meridian Automotive Systems, Inc.
Source Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Mailing Address: 501 Northridge Drive, Shelbyville, Indiana 46176
Part 70 Permit No.: T145-5966-00017

Months: _____ to _____ Year: _____

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.

Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)	Number of Deviations	Date of each Deviation

Form Completed By: _____
Title/Position: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.